

Sample Form for Tracking Reports

Confidential: Keep completed form in locked file. [Provide direction here as to where these forms will be stored.]

Your Information	Name:	
	Date of initial report:	
	Title/Position:	
	Supervisor:	
	Address:	
	Phone:	
	Email:	
Information Regarding Suspected Victim(s):	Name:	
	Age:	
	Biological sex:	
	Address:	
	Telephone:	
	Relationship to the church:	
	Name of any other suspected victim (attach additional forms):	
	How did you become suspicious of possible abuse?	

Information about the Person Suspected of Child Abuse:	Name:	
	Address:	
	Telephone:	
	Relationship to the church, if any:	
Confidential Details (Keep locked up)	Describe any physical evidence of suspected abuse:	
	Describe incidence details such as type, date(s), time(s), and location(s) of suspected abuse:	
Witnesses (if any)	1. Name/phone/age :	
	1. Relationship to church, if any:	
	2. Name/phone/age :	
	2. Relationship to church, if any:	
Reporting Details	To whom was the initial report made (name/title/phone):	
	What is their relationship to the church?	
	On what date was the suspected abuse reported to Child Protective Services?	
	Name of CPS worker who received the report:	
	If reported to police, what was the name of officer receiving report and the date?	
	Were the parent/guardian(

	s) notified? Date and parent phone number:	
	Was suspected abuse reported to the Diocese, what date, and to whom was it reported?	
	Any other information which may be helpful to the investigation?	
Submission	Date:	Signature: